



Application form for

Post Graduate Diploma in Clinical Research and Regulation (PGDCRR)

INSTRUCTIONS

- Please enclose DD/or online bank transfers, UPI payment for ₹ 590/-
- Account name: SGRHA/CEARMARKED FUND, Account no. 91112010058142, IFSC CODE: CNRB0019111, CANARA BANK.
- Attach copies of the provisional mark sheets and degree certificates.
- The candidate is informed that if after proper scrutiny of his/her application form the details furnished is found incorrect,

Personal Details

Title: Mr. Ms. Dr.

Name:

First Name

Middle Name

Last Name

Gender: Male Female Date of Birth:

DD MM YY

Mobile no: Email Id:

Father's/Husband's Name:

Father's/Husband's Contact Number:

Current Address:

Permanent Address:

ATTACH
PHOTOGRAPH

Educational Details

Course	Year of completion	University	Percentage
PG (if any)			
Graduation			
Intermediate			
High School			



Professional experience (if any)

Company	Date of Joining	Duration	Designation

DECLARATION

I hereby declare that the particulars given above are true and correct to the best of my knowledge.

Further, I undertake to abide by the rules and regulations of the Institute in force as amended from time to time. I am aware that any violation of the rules and regulations will result in the forfeiture of my right to continue the course.

Date:

Place:

Signature of applicant

Contact Details

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